

## PART B - FEE(S) TRANSMITTAL

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**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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34398 1190 11/20/2001  
**THEODORE E. GALANTHAY**  
**NOBLITT & GILMORE, LLC**  
**SUITE 6000**  
**4800 NORTH SCOTTSDALE ROAD**  
**SCOTTSDALE, AZ 85251**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/948,187	08/31/2001	Ken Osborne	35206 2309	8503

**TITLE OF INVENTION: APPARATUS AND SYSTEM FOR PROVIDING TRANSIENT SUPPRESSION POWER REGULATION**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	FEES PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/30/2001

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, RAINIKANT B	2838	361-018600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<b>Noblitt &amp; Gilmore, LLC</b>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2.	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.	3.	

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.11. Completion of this form is **NOT** a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**Primarion, Inc.**

**(B) RESIDENCE (CITY AND STATE OR COUNTRY)**

**Phoenix, Arizona**

Please check the appropriate assigned category or categories (will not be printed on the patent):  individual  Corporation or other private entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies

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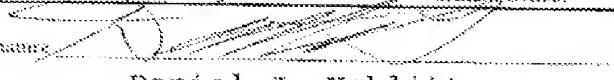
A check is enclosed.  
 Payment by credit card **361-018600**  
 The Director is hereby authorized to charge the amount of any deficiency, or credit any overpayment, to Deposit Account Number **502993** (enclose an extra copy of this form).

**5. Change in Entity Status** (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.



Authorized Signature

**Daniel J. Noblitt**

Typed or printed name

Date **2-20-08**

Registration No. **35969**

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